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FACSIMILE TRANSMITTAL SHEET

TO:	U.S. Patent and Trademark Office	FROM:	Troy J. Cole
FAX NUMBER:	571.273.8300	DATE:	January 27, 2006
YOUR REFERENCE NUMBER:	Serial No.: 10/648,058	TOTAL NO. OF PAGES INCLUDING COVER:	14
	Inventor: John Yates	SENDER'S REFERENCE NUMBER:	31163-2
	Filing Date: August 26, 2003	RE:	Response to Office Action
	Examiner/Group Art: 3677		

☐ URGENT ☐ FOR REVIEW ☒ PLEASE FILE ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

#383170

Attached please find:

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Credit Card Form PTO-2038	<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Declaration/Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Drawings	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> With affidavits/declarations	<input type="checkbox"/> Petition	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Terminal Disclaimer		

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Application Number 10/648,058
Filing Date August 26, 2003
First Named Inventor Yates
Examiner Name Andre L. Jackson
Art Unit 3677
Attorney Docket No. 31183-2

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
-20 or HP = x =
HP = highest number of total claims paid for, if greater than 20

Independent Claims Extra Claims Fee (\$) Fee Paid (\$)
-3 or HP = x =
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)
x =

3. APPLICATION SIZE FEE

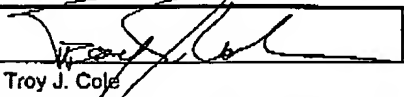
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 38 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
-100 = /50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Fee - One Month Extension As Set Forth In 37 CFR 1.17(A)(1) Fee Paid (\$)
 60.00

SUBMITTED BY:

Signature		Registration No.: 35,102	Telephone: (317) 634-3456
Name (Print/Type):	Troy J. Cole	(Attorney/Agent)	Date: January 27, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: January 27, 2006

Name (Print/Type)	Troy J. Cole		
Signature		Date	January 27, 2006

MTS/pm.383168

WEEMH #317053 (Rev. 7/05)